FORM 2-05

MILEAGE REIMBURSEMENT CLAIM
FOR
COMMUNITY UNIT DISTRICT #3

_____ MONTH/YEAR_____

Signature of person making claim

DATE	TRIP TO	PURPOSE	ODOMETER READING	NET MILES
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			Total Miles Claimed	0.00

All mileage claims are due in the Board of Education Office on the first day of each month.

_____0_____ Miles x ___0.585___ per Mile = Total Claim $_____0.00_____

Administrator Approval

_____

Initials

E-mail of Person submitting Form: _____

Submit to Mr. Reed

Submit Approved Form